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| Fill in this information to identify your case: | | |
|-------------------------------------------------|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| DISTRICT OF NEW JERSEY | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | David First name N. Middle name Gomolson Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) | |
| 2. | All other names you have used in the last 8 years | | | |
| | Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-2892 | | |

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Case number (if known)

Debtor 1 David N. Gomolson

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | | | |
|----|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs | | | | | |
| 5. | Where you live | 528 Davis Road | If Debtor 2 lives at a different address: | | | | | |
| | | Barrington, NJ 08007 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | | | |
| | | Camden | | | | | | |
| | | County | County | | | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | | | |
| | | | | | | | | |

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Case number (if known) Debtor 1 David N. Gomolson

| Debtor District When Case number, if kno No. Go to line 12. Has your landlord obtained an eviction judgment against you? No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101) | ar | 2: Tell the Court About | Your Ban | kruptcy C | ase | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------|----------|-------------------------------|---------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------|-----|
| Chapter 12 | 7. | Bankruptcy Code you are | | | | | | |
| Chapter 12 | | choosing to file under | ■ Cha | pter 7 | | | | |
| Chapter 13 | | | ☐ Cha | pter 11 | | | | |
| I will pay the fee | | | ☐ Cha | pter 12 | | | | |
| about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, ce order, if you artomey is submitting your payment on your behalf, your attorney may pay with a re a pre-printed address. need to pay the fee in installments. If you choose this option, sign and attach the Application The Filing Fee in Installments (Official Form 103A). request that my fee be waived (You may request this option only if you are filing for Chapter but is not required to, waive your fee, and may do so only if your income is less than 150% of the applies to your family size and you are unable to pay the fee in installments). If you choose this the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you hash the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you hash the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you hash the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you hash the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you hash the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you hash the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you hash the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you hash the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you have the Chapter 7 Filing Fee Waived (Official Form 103B) and file | | | ☐ Cha | pter 13 | | | | |
| The Filing Fee in Installments (Official Form 103A). request that my fee be waived (You may read this option only if you are filing for Chapter but is not required to, waive your fee, and may do so only if your income is less than 150% of th applies to your family size and you are unable to pay the fee in installments). If you choose this the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you. No. | 3. | How you will pay the fee | at or | oout how your der. If your | ou may pay. Typ r attorney is subr | oically, if you are paying the fee yo | urself, you may pay with cash, cashier's check, or mon- | ЭУ |
| | | | | | | | n, sign and attach the Application for Individuals to Pay | |
| the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with you hankruptcy within the last 8 years? No. | | | □ II | request that ut is not red | at my fee be wa quired to, waive y | lived (You may request this option your fee, and may do so only if yo | ur income is less than 150% of the official poverty line t | hat |
| bankruptcy within the last 8 years? Yes. District | | | | | | | | |
| District |). | bankruptcy within the | | | | | | |
| District When Case number District When Case number | | last 8 years? | ☐ Yes. | | | | | |
| District When Case number No No Yes. | | | | | | | | |
| No cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Debtor | | | | | | | | |
| cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Debtor | | | | DISTRICT | | wwnen | Case number | |
| filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? Debtor | 10. | | ■ No | | | | | |
| District | | filed by a spouse who is not filing this case with you, or by a business partner, or by an | ☐ Yes. | | | | | |
| Debtor District When Case number, if kno No. Go to line 12. Has your landlord obtained an eviction judgment against you? No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101) | | | | Debtor | | | Relationship to you | |
| District When Case number, if known No. Incomplete | | | | District | | When | Case number, if known | |
| I1. Do you rent your residence? No. Go to line 12. Yes. Has your landlord obtained an eviction judgment against you? No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101) | | | | Debtor | | | Relationship to you | |
| residence? Has your landlord obtained an eviction judgment against you? No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101) | | | | District | | When | Case number, if known | |
| ☐ Yes. Has your landlord obtained an eviction judgment against you? ☐ No. Go to line 12. ☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101) | 11. | | ■ No. | Go to | line 12. | | | |
| ☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101 | | residence: | ☐ Yes. | Has yo | our landlord obta | ained an eviction judgment agains | t you? | |
| | | | | | No. Go to line | 12. | | |
| this bankruptcy petition. | | | | | | | ludgment Against You (Form 101A) and file it as part of | |

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Debtor 1 David N. Gomolson Case number (if known)

| ar | Report About Any Bu | sinesses ' | You Own | as a Sole Proprietor |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. |
| | | ☐ Yes. | Name | and location of business |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any |
| | If you have more than one sole proprietorship, use a | | Numb | er, Street, City, State & ZIP Code |
| | separate sheet and attach it to this petition. | | Check | the appropriate box to describe your business: |
| | | | | Health Care Business (as defined in 11 U.S.C. § 101(27A)) |
| | | | | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | | Stockbroker (as defined in 11 U.S.C. § 101(53A)) |
| | | | | Commodity Broker (as defined in 11 U.S.C. § 101(6)) |
| | | | | None of the above |
| 3. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines | s. If you in s, cash-flo | der Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate dicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ow statement, and federal income tax return or if any of these documents do not exist, follow the procedure 1)(B). |
| | For a definition of small | No. | I am n | ot filing under Chapter 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am fi Code. | ling under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am fi | ling under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| ar | t 4: Report if You Own or | Have Any | Hazardo | us Property or Any Property That Needs Immediate Attention |
| 14. | Do you own or have any | ■ No. | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is t | he hazard? |
| | public health or safety? Or do you own any property that needs immediate attention? | | | iate attention is why is it needed? |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | the property? Number, Street, City, State & Zip Code |
| | | | | |

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Debtor 1 David N. Gomolson

Case number (if known)

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb | tor 1 David N. Gomolso | on | Document | i age o oi so | Case number (if k | nown) |
|------|----------------------------------------------------------------|----------------------------|------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------|
| Part | 6: Answer These Quest | ions for Repo | rting Purposes | | | |
| 16. | What kind of debts do you have? | | e your debts primarily consun | | | n 11 U.S.C. § 101(8) as "incurred by an |
| | | | No. Go to line 16b. | | | |
| | | | Yes. Go to line 17. | | | |
| | | | e your debts primarily busines oney for a business or investmer | | | |
| | | | No. Go to line 16c. | | | |
| | | | Yes. Go to line 17. | | | |
| | | 16c. Sta | ate the type of debts you owe that | at are not consumer det | ots or business de | bts |
| 17. | Are you filing under Chapter 7? | □ No. I a | m not filing under Chapter 7. Go | to line 18. | | |
| | Do you estimate that after any exempt property is excluded and | | m filing under Chapter 7. Do you paid that funds will be available | | | is excluded and administrative expenses |
| | administrative expenses are paid that funds will | | No | | | |
| | be available for distribution to unsecured creditors? | | Yes | | | |
| 18. | How many Creditors do | 1 -49 | | □ 1,000-5,000 | | 1 25,001-50,000 |
| | you estimate that you owe? | ☐ 50-99 | | □ 5001-10,000 | | 5 0,001-100,000 |
| | | □ 100-199 □ 200-999 | | 10,001-25,000 | | ☐ More than100,000 |
| 19. | How much do you | □ \$0 - \$50,0 | 000 | □ \$1,000,001 - \$10 m | nillion | ☐ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | □ \$50,001 - | | □ \$10,000,001 - \$50 | million | □ \$1,000,000,001 - \$10 billion |
| | | ■ \$100,001 □ \$500,001 | | □ \$50,000,001 - \$100 □ \$100,000,001 - \$50 | | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| 20. | How much do you | □ \$0 - \$50,0 | 000 | □ \$1,000,001 - \$10 m | nillion | ☐ \$500,000,001 - \$1 billion |
| | estimate your liabilities to be? | \$50,001 - | | □ \$10,000,001 - \$50 | | □ \$1,000,000,001 - \$10 billion |
| | | ■ \$100,001 □ \$500,001 | | □ \$50,000,001 - \$100 □ \$100,000,001 - \$50 | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion | |
| Part | 7: Sign Below | | | | | |
| For | you | I have exami | ned this petition, and I declare u | nder penalty of perjury | that the informatio | n provided is true and correct. |
| | | | sen to file under Chapter 7, I am s Code. I understand the relief a | | | er Chapter 7, 11,12, or 13 of title 11, eto proceed under Chapter 7. |
| | | | represents me and I did not pay nave obtained and read the notion | | | attorney to help me fill out this |
| | | I request relie | ef in accordance with the chapte | r of title 11, United State | es Code, specified | d in this petition. |
| | | bankruptcy cand 3571. | ase can result in fines up to \$25 | | | perty by fraud in connection with a , or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | David N. G Signature of | | Signa | ture of Debtor 2 | |
| | | Executed on | October 24, 2019 MM / DD / YYYY | Execu | uted on MM / DE | D/YYYY |

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Debtor 1 David N. Gomolson Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Andrew B. Finberg | Date | October 24, 2019 |
|----------------------------------------------------|---------------|--------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Andrew B. Finberg Printed name | | |
| Law Offices of Andrew B. Finberg, LLC | | |
| 525 Route 73 South, Suite 200 Marlton, NJ 08053 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 856-988-9055 | Email address | andy@sjbankruptcylaw.com |
| AF1574 NJ | | |
| Bar number & State | | |

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| | | Document | raue o ul 30 | |
|---------------------|--------------------------|------------------------|--------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | David N. Gomols | on | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF NEW JERSEY | | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| | | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | | Your a | ssets |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
| | | Value o | of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 190,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 16,000.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 206,000.00 |
| Pa | t 2: Summarize Your Liabilities | | |
| | | | abilities It you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 167,488.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 19,753.00 |
| | Your total liabilities | \$ | 187,241.00 |
| ⊃a: | t 3: Summarize Your Income and Expenses | | |
| 1. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,145.45 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,748.70 |
| Pa⊦ | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |

- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 David N. Gomolson

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

8,723.67

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on <i>Schedule E/F</i> , copy the following: | Total clain | n |
|------------------------------------------------------------------------------------------------------------------------------|-------------|------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | Case 19- | 30234- <i>A</i> | ABA Doc 1 | | | d 10/25 ment | | Ent <u>e 1</u> | | | 25/1 | 9 16 | :52:36 | 5 D | esc | Main |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|-----------|-------|-----------------------------------------------------------------|-------------------------|-------------------|---------|-------------|-----------|-----------------|--------------------------|----------|--------|-------------------------------------------------------|
| Fill in | this information | to identify | your case and th | | | mem | - Lac | <i>I</i> C. 1 | 0 01 | 50 | | | | | | |
| Debto | r 1 D a | vid N. Go | molson | | | | | | | | | | | | | |
| Johto | | t Name | Middle | Name | | | Last N | lame | | | | | | | | |
| Debto Spouse | | t Name | Middle | Name | | | Last N | lame | | | | | | | | |
| Jnited | l States Bankrupt | cy Court for | the: DISTRICT | OF NE | W. | JERSEY | | | | | | | | | | |
| 226 | number | | | | | | | | | | | | | | ٦ ، | book if this is on |
| Jase | | | | | | | | | | | | | | | _ ~ | heck if this is ar mended filing |
| Sch each nink it | fits best. Be as co | /B: Pi ely list and d emplete and a | _ | e. If two | o ma | arried peo | ple are fil | ling to | gether | both ar | e equa | lly res | onsible | for supp | e cate | correct |
| Part 1: | • | Posidoneo B | uilding, Land, or Ot | hor Posi | al Ed | stata Vali (| ∩wn or ⊔ | avo an | Intoro | et In | | | | | | |
| ■ Y | o. Go to Part 2. es. Where is the process of the pr | d | cription | What | ■ S | s the prope Single-famil Duplex or m Condominiu | ly home nulti-unit b | uilding | | | the | amour | it of any s | ecured o | claims | exemptions. Put on Schedule D: red by Property. |
| | Barrington | NJ | 08007-0000 | | Ξ. | Manufacture | ed or mob | ile hon | ne | | | | alue of th | | | nt value of the |
| _ | ity | State | ZIP Code | | _ | _and nvestment | property | | | | en | tire pro \$1 | perty? 90,000. | | portio | on you own? \$190,000.00 |
| | | | | □ Who |] T | Timeshare Other as an intered Debtor 1 on | est in the | prope | rty? Ch | eck one | (sı al | ıch as f | ee simple te), if kno | e, tenan | | nership interest the entireties, or |
| (| Camden | | | |] [| Debtor 2 on | ıly | | | | | | | | | |
| С | county | | | | | Debtor 1 an At least one | | | ind and | ther | | | k if this is | s comm | unity | property |
| | | | | | | nformation y identifica | - | | d abou | ıt this ite | em, su | ch as l | ocal | | | |
| | | | ortion you own fo Part 1. Write that | | | | | | | | | | | | | \$190,000.00 |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1 Case 19-30234-ABA Doc 1 Filed 10/25/19 Entered 10/25/19 16:52:36 Desc Main Document Page 11 of 58

Case number (if known)

| □ No | | | | | |
|-----------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------|
| ■ Ye | | | | | |
| 3.1 N | Make: | Toyota | Who has an interest in the property? Check one | the amount of any secure | claims or exemptions. Put ed claims on <i>Schedule D:</i> |
| Υ | /ear: | 4Runner 2009 te mileage: 95,000 miles | ■ Debtor 1 only □ Debtor 2 only | Creditors Who Have Cla Current value of the entire property? | Current value of the portion you own? |
| | Other inforn | <u> </u> | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | entire property : | portion you own: |
| | | | ☐ Check if this is community property (see instructions) | \$9,500.00 | \$9,500.00 |
| □ No ■ Yes |) | its, trailers, motors, personal wa | itercraft, fishing vessels, snowmobiles, motorcycle a | (Cessolies | |
| | _ | Boat | Who has an interest in the property? Check one | the amount of any secure | claims or exemptions. Put ed claims on Schedule D: |
| | _ | 20' Angler 1998 | ■ Debtor 1 only □ Debtor 2 only | Current value of the | Current value of the |
| _ | Other inforn | mation: | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | entire property? | portion you own? |
| | Fishing I | | ☐ Check if this is community property (see instructions) | \$1,000.00 | \$1,000.00 |
| | | | n for all of your entries from Part 2, including an | | \$10,500.00 |
| art 3: | Describe | Your Personal and Household It have any legal or equitable in | | | Current value of the portion you own? Do not deduct secured |
| eart 3: Do you Hous Exan | Describe own or I sehold go | have any legal or equitable in pods and furnishings ajor appliances, furniture, linens | ems terest in any of the following items? | | portion you own? |
| eart 3: Do you Hous Exan | Describe own or I sehold go | have any legal or equitable in bods and furnishings ajor appliances, furniture, linens | ems terest in any of the following items? | | portion you own? Do not deduct secured claims or exemptions. |
| Hous Exam Ye | Describe I own or I sehold gc mples: Ma o es. Descri | bods and furnishings ajor appliances, furniture, linens ribe Household Goo elevisions and radios; audio, vide | terest in any of the following items? , china, kitchenware ds/Furnishings eo, stereo, and digital equipment; computers, printer | | portion you own? Do not deduct secured claims or exemptions. \$2,000.0 |
| Hous Exam Ye | Describe own or I sehold go mples: Ma o es. Descri | bods and furnishings ajor appliances, furniture, linens ribe Household Goo elevisions and radios; audio, vide | terest in any of the following items? , china, kitchenware ds/Furnishings eo, stereo, and digital equipment; computers, printer | | portion you own? Do not deduct secured claims or exemptions. \$2,000.0 |

Official Form 106A/B Schedule A/B: Property page 2

Case 19-30234-ABA Doc 1 Filed 10/25/19 Entered 10/25/19 16:52:36 Document Page 12 of 58 Case number (if known) Debtor 1 David N. Gomolson Books, Pictures, Misc. items -books and pictures have only personal/sentimental value \$0.00 -listed for informational purposes 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10 Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Clothing/Wearing apparel 12. Jewelry

\$500.00 Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses □ No Yes. Describe..... Dog (1) \$0.00 -personal value only 14. Any other personal and household items you did not already list, including any health aids you did not list ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$3,500.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the

portion you own? Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

□ No

Institution name: Yes.....

Case 19-30234-ABA Doc 1 Filed 10/25/19 Entered 10/25/19 16:52:36 Document Page 13 of 58 Case number (if known) Debtor 1 David N. Gomolson **Capital One** -account number ending in #5628 \$2,000.00 17.1. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture □ No Yes. Give specific information about them..... Name of entity: % of ownership: Hair Dot Comb. LLC -d/b/a Moments Salon -business ceased operations in December 2018 -business had no assets or receivables % Unknown -listed for informational purposes 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 401(k) Retirement Account -through present employer Unknown -listed for informational purposes 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

■ No ☐ Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

■ No

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

☐ Yes. Give specific information about them...

Case 19-30234-ABA Doc 1 Filed 10/25/19 Entered 10/25/19 16:52:36 Document Page 14 of 58 Case number (if known) Debtor 1 David N. Gomolson 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information...... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: **Term Life Insurance** -through employer \$0.00 -listed for informational purposes 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No

☐ Yes. Describe each claim.......

35. Any financial assets you did not already list

■ No

☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$2,000.00

Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

page 5

Case 19-30234-ABA Doc 1 Filed 10/25/19 Entered 10/25/19 16:52:36 Desc Main Document Page 15 of 58 Case number (if known) Debtor 1 David N. Gomolson 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00

Part 8: List the Totals of Each Part of this Form Part 1: Total real estate, line 2 \$190,000.00 56. Part 2: Total vehicles, line 5 \$10,500.00 Part 3: Total personal and household items, line 15 \$3.500.00 58. Part 4: Total financial assets, line 36 \$2,000.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$16,000.00 Copy personal property total \$16,000.00

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$206,000.00

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| rmation to identify your | case: | | | |
|--------------------------|---------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| David N. Gomols | on | | | |
| First Name | Middle Name | Last Name | | |
| | | | | |
| First Name | Middle Name | Last Name | | |
| ankruptcy Court for the: | DISTRICT OF NEW JERSEY | | | |
| | | | _ | |
| | David N. Gomols First Name First Name | David N. Gomolson First Name Middle Name First Name Middle Name | The structure of the st | David N. Gomolson First Name Middle Name Last Name First Name Middle Name Last Name Ankruptcy Court for the: DISTRICT OF NEW JERSEY |

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the Proper | ty You Claim as Exempt |
|---------|---------------------|------------------------|
| | | |

| ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | | |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------|------|-----------------------------------------------------------------|------------------------------------|--|--|
| | ■ You are claiming federal exemptions. 11 l | J.S.C. § 522(b)(2) | | | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | mpt, | fill in the information below. | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | |
| | 528 Davis Road Barrington, NJ 08007 Camden County | \$190,000.00 | | \$25,150.00 | 11 U.S.C. § 522(d)(1) | | |
| | Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | 1998 Boat 20' Angler Fishing boat | \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(5) | | |
| | Line from Schedule A/B: 4.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | Household Goods/Furnishings Line from Schedule A/B: 6.1 | \$2,000.00 | | \$2,000.00 | 11 U.S.C. § 522(d)(3) | | |
| | Line IIIIII Schedule AVD. V.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | Electronics Line from Schedule A/B: 7.1 | \$1,000.00 | | \$1,000.00 | 11 U.S.C. § 522(d)(3) | | |
| | Line nom <i>Schedule AVD</i> . 111 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | Clothing/Wearing apparel Line from Schedule A/B: 11.1 | \$500.00 | | \$500.00 | 11 U.S.C. § 522(d)(3) | | |
| | LINE HOITI SCHEUUIE AVD. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |

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Debtor 1 David N. Gomolson Case number (if known)

| | | | | , | |
|-----|------------------------------------------------------------------------------------------|--------------------------------------|---------|-----------------------------------------------------------------|------------------------------------|
| | ief description of the property and line on hedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | apital One ccount number ending in #5628 | \$2,000.00 | | \$325.00 | 11 U.S.C. § 522(d)(5) |
| | ne from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 01(k) Retirement Account hrough present employer | Unknown | | \$0.00 | 11 U.S.C. § 522(d)(12) |
| -li | sted for informational purposes ne from Schedule A/B: 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | erm Life Insurance | \$0.00 | | \$0.00 | 11 U.S.C. § 522(d)(7) |
| -li | hrough employer sted for informational purposes he from Schedule A/B: 31.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | re you claiming a homestead exemption ubject to adjustment on 4/01/22 and every No | | | ed on or after the date of adjustme | nt.) |
| | | red by the exemption wi | ithin 1 | 215 days before you filed this case | ? |
| _ | No | iod by the exemption wi | | 210 days soloto you mod tillo odoo | • |
| | ☐ Yes | | | | |

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| | | Document | Page 1 | 8 of 58 | | |
|---------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------|----------------------------------------------|--------------------------|
| Fill in this inform | nation to identify your | case: | | | | |
| Debtor 1 | David N. Gomols | son | | | | |
| | First Name | Middle Name | Last Name | | - | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | - | |
| United States Bar | nkruptcy Court for the: | DISTRICT OF NEW JERSEY | | | _ | |
| Case number(if known) | | | | | | k if this is an |
| Official Form Schedule | | Who Have Claims S | Secure | d by Propert | у | 12/15 |
| | | two married people are filing togethe ut, number the entries, and attach it to | | | | |
| 1. Do any creditors | have claims secured by | your property? | | | | |
| ☐ No. Check | this box and submit th | is form to the court with your other | schedules. \ | ou have nothing else | to report on this form. | |
| ■ Yes. Fill in | all of the information b | pelow. | | | | |
| | I Secured Claims | | | | | |
| | | and the second state of the second | dia | Column A | Column B | Column C |
| for each claim. If me | ore than one creditor has | nore than one secured claim, list the cred a particular claim, list the other creditors al order according to the creditor's name | in Part 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Specialize Servicing, | | Describe the property that secures the | he claim: | \$157,457.00 | \$190,000.00 | \$0.00 |
| Creditor's Name |) | 528 Davis Road Barrington, I 08007 Camden County | NJ | | | |
| P.O. Box 2 Littleton, 0 | | As of the date you file, the claim is: Capply. Contingent | Check all that | | | |
| Number, Street, | City, State & Zip Code | ☐ Unliquidated☐ Disputed | | | | |
| Who owes the de | bt? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only □ Debtor 2 only | | ☐ An agreement you made (such as more car loan) | nortgage or se | ecured | | |
| Debtor 1 and De | ebtor 2 only | ☐ Statutory lien (such as tax lien, mec | :hanic's lien) | | | |
| _ | ne debtors and another | ☐ Judgment lien from a lawsuit | , | | | |
| ☐ Check if this cla | | Other (including a right to offset) | First Mort | gage | | |

Date debt was incurred

Last 4 digits of account number

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| Deb | otor 1 David N. Gomolson | | Case number (if known) | | | |
|-------------|-------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------|------------|----------|--|
| | First Name Middle N | lame Last Name | - | | | |
| 2.2 | Wells Fargo Dealer Services | Describe the property that secures the claim: | \$10,031.00 | \$9,500.00 | \$531.00 | |
| | Creditor's Name | 2009 Toyota 4Runner 95,000 miles miles | | | | |
| | P.O. Box 10709 Raleigh, NC 27605 | As of the date you file, the claim is: Check all that apply. Contingent | I | | | |
| | Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| Who | o owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| _ | Debtor 1 only Debtor 2 only | An agreement you made (such as mortgage or s car loan) | secured | | | |
| | Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | |
| \square A | At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| | Check if this claim relates to a community debt | ☐ Other (including a right to offset) | | | | |
| Date | e debt was incurred | Last 4 digits of account number | | | | |
| | | | | | | |
| Ac | dd the dollar value of your entries in C | Column A on this page. Write that number here: | \$167,488.0 | 0 | | |
| | this is the last page of your form, add rite that number here: | the dollar value totals from all pages. | \$167,488.0 | 0 | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | 343C 13 0020+ 1 B1 (| Documen | t Page 20 | of 58 | _ | 2000 Main | |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------|----------------------------|
| Fill in this | information to identify your cas | | | | | | |
| Debtor 1 | David N. Gomolson | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | First Name | Middle Niews | LastNassa | | | | |
| (Spouse if, fili | | Middle Name | Last Name | | | | |
| United Sta | ates Bankruptcy Court for the: | DISTRICT OF NEW JERS | SEY | | | | |
| Case num | ber | | | | | | |
| (if known) | | | | | | Check if this is a | an |
| | | | | | а | mended filing | |
| Official | Form 106E/F | | | | | | |
| | ule E/F: Creditors Wh | o Have Unsecur | ed Claims | | | 12/1 | 5 |
| iny executo Schedule G Schedule D eft. Attach to name and c | elete and accurate as possible. Use Fory contracts or unexpired leases that: Executory Contracts and Unexpired: Creditors Who Have Claims Secure the Continuation Page to this page. I ase number (if known). | at could result in a claim. And Leases (Official Form 106 d by Property. If more space of you have no information | Also list executory con 6G). Do not include an ce is needed, copy the | tracts on Schedule A/B: y creditors with partially Part you need, fill it out | Property (Offici secured claims number the en | al Form 106A/B) that are listed in tries in the boxe |) and on n es on the |
| | List All of Your PRIORITY Unse | | | | | | |
| _ ` | r creditors have priority unsecured c Go to Part 2. | aims against you? | | | | | |
| Yes | | | | | | | |
| | i. of your priority unsecured claims. If | a creditor has more than on | e priority unsecured cla | im list the creditor separat | tely for each clair | m. For each claim | listed |
| possible Part 1. | what type of claim it is. If a claim has be, list the claims in alphabetical order a If more than one creditor holds a particle explanation of each type of claim, see | ccording to the creditor's nar ular claim, list the other cred | me. If you have more that itors in Part 3. | an two priority unsecured o | | | ge of |
| | | | | Total Claim | amount | amount | щ |
| | ennifer A. Gomolson | Last 4 digits of a | ccount number | \$0.00 |) \$ | 0.00 | \$0.00 |
| | iority Creditor's Name Bridge Road | When was the de | ebt incurred? | | | | |
| Lu | umberton, NJ 08048 | | | | _ | | |
| | umber Street City State Zip Code incurred the debt? Check one. | | ou file, the claim is: Ch | eck all that apply | | | |
| _ | | ☐ Contingent | | | | | |
| _ | ebtor 1 only | Unliquidated | | | | | |
| _ | ebtor 2 only | ☐ Disputed | | | | | |
| _ | ebtor 1 and Debtor 2 only | <u>-</u> - | Y unsecured claim: | | | | |
| | least one of the debtors and another | Domestic supp | oort obligations | | | | |
| | neck if this claim is for a community | | tain other debts you ow | = | | | |
| | claim subject to offset? | | ath or personal injury wh | • | | | |
| ■ No | | Other. Specify | | | | | |
| ☐ Ye | 98 | | | | | | |
| | | | | | | | |
| Part 2: | List All of Your NONPRIORITY | Jnsecured Claims | | | | | |
| 3. Do any | r creditors have nonpriority unsecure | ed claims against you? | | | | | |
| □ No. | You have nothing to report in this part. | Submit this form to the cour | t with your other schedu | ıles. | | | |
| ■ Yes | ;. | | | | | | |
| 4. List all | of your nonpriority unsecured claim | s in the alphabetical order | of the creditor who he | olds each claim. If a cred | itor has more tha | n one nonpriority | , |
| unsecu | red claim, list the creditor separately for ne creditor holds a particular claim, list t | r each claim. For each claim | listed, identify what type | e of claim it is. Do not list o | laims already inc | cluded in Part 1. If | f more |

Total claim

Part 2.

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| David N. Gomolson | Case number (if known) | |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------|
| Bank of America | Last 4 digits of account number | \$6,973.0 |
| Nonpriority Creditor's Name PO Box 982238 El Paso, TX 79998 | When was the debt incurred? | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Credit card purchases | |
| Bank of America | Last 4 digits of account number | \$3,052.00 |
| Nonpriority Creditor's Name PO Box 982238 | When was the debt incurred? | . , |
| El Paso, TX 79998 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | □ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Credit card purchases | |
| IC Systems Collections | Last 4 digits of account number | \$195.00 |
| Nonpriority Creditor's Name P.O. Box 64378 | When was the debt incurred? | |
| Saint Paul, MN 55164-0378 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |

☐ Yes

■ Other. Specify Collection Account

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Case number (if known)

| C Systems Collections Nonpriority Creditor's Name | Last 4 digits of account number | \$145.0 |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------|
| P.O. Box 64378 Saint Paul, MN 55164-0378 | When was the debt incurred? | |
| Number Street City State Zip Code Nho incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| ebt s the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐Yes | Other. Specify Collection Account | |
| C Systems Collections | Last 4 digits of account number | \$50.00 |
| Nonpriority Creditor's Name P.O. Box 64378 | When was the debt incurred? | |
| Saint Paul, MN 55164-0378 lumber Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | 7.6 of the date you me, the drain is. Officer an that appry | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | □ Unliquidated | |
| Debtor 1 and Debtor 2 only | □ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | ☐ Student loans | |
| ebt s the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Collection Account | |
| SYNCB/Lowes | Last 4 digits of account number | \$3,555.00 |
| Nonpriority Creditor's Name PO BOX 965005 | When was the debt incurred? | |
| Orlando, FL 32896 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | • • • • • • • • • • • • • • • • • • • • | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | □ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| lebt s the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ∃Yes | ■ Other. Specify Credit card purchases | |

| | Case 19-30234-ADA | DOC T | FIIEU 10/23/ | тэ | Ellielen 10/52/13 10:25/30 | o Desciviali |
|----------|-------------------|-------|--------------|----|---------------------------------------|--------------|
| Debtor 1 | David N. Gomolson | | Document | Pa | ge 23 of 58 Case number (if known) | |
| | | | | | | |

| Wells Fargo Card Service | Last 4 digits of account number | \$5,783.00 |
|-------------------------------------------|---------------------------------------------------------------------------------|------------|
| Nonpriority Creditor's Name | | |
| PO Box 14517 | When was the debt incurred? | |
| Des Moines, IA 50306 | _ | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Credit card purchases | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | • | Total Claim |
|--------------|-----|---------------------------------------------------------------------------------------------------------|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ | 0.00 |
| claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 19,753.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 19,753.00 |

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| | | Dodding | IL TAGE ZT OLOG | |
|---------------------|--------------------------|---------------------|-----------------|-----------------------|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | David N. Gomols | on | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF NEW JEF | RSEY | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company wit Name, Numb | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-------------|---------------------------|-------------------------------------------------------|-------------------|-----------------------------------------|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | - · · · · · | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.4 | - | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| | , | | | | |

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| | | Docume | nt Page 25 d | of 58 | |
|------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Fill in this info | rmation to identify your | case: | | | |
| Debtor 1 | David N. Gomols | on | | | |
| Debtor 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States E | Sankruptcy Court for the: | DISTRICT OF NEW JEF | RSEY | | |
| | | | | | |
| Case number (if known) | | | | | Charlett (this is a |
| (II KIIOWII) | | | | | Check if this is an amended filing |
| | | | | | amended filing |
| Official F | orm 106H | | | | |
| | | abta#a | | | |
| Scheaui | e H: Your Cod | eptors | | | 12/15 |
| our name and | case number (if known) | boxes on the left. Attach . Answer every question you are filing a joint case, of | | | any Additional Pages, write |
| _ | | | | | |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| | | lived in a community pro Nevada, New Mexico, Pu | | ry? (Community property statington, and Wisconsin.) | tes and territories include |
| ■ No. Go t | to line 3. | | | | |
| ☐ Yes. Did | your spouse, former spo | use, or legal equivalent live | with you at the time? | | |
| | | | | | |
| in line 2 aç | gain as a codebtor only i D), Schedule E/F (Official | f that person is a guaran | tor or cosigner. Make | sure you have listed the cr | th you. List the person shown editor on Schedule D (Official edule E/F, or Schedule G to fill |
| | mn 1: Your codebtor Number, Street, City, State and Z | P Code | | Column 2: The creditor Check all schedules that | r to whom you owe the debt at apply: |
| 3.1 | | | | ☐ Schedule D. line | |
| Name | | | | Schedule E/F, line | |
| | | | | ☐ Schedule G, line _ | |
| | | | | | |
| Numb City | er Street | State | ZIP Code | | |
| City | | State | ZIF Code | | |
| | | | | _ | |
| 3.2 Name | | | | Schedule D, line | |
| ivame | | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line _ | |
| Numb | er Street | | | _ | |

State

City

ZIP Code

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| | in this information to identify your cotor 1 David N. Go | | | | | | | | | | |
|-------------|----------------------------------------------------------------------------------------------|----------------------------|----------------------------------------|-----------|-------|------------------------------|------------|-------------------------|----------|-----------------------------------|--------------------|
| Del | otor 2 use, if filing) | | | | _ | | | | | | |
| ` ' | use, it illing) ted States Bankruptcy Court for the | : DISTRICT OF NEW J | JERSEY | | | | | | | | |
| Of Se a sup | fficial Form 106l chedule I: Your Income some plying correct information. If your | sible. If two married peo | ng jointly, and your spo | ouse is | livi | An As 13 An Debtoing with y | or 2), bot | nt showing as of the fo | ally res | g date: sponsible about you | 12/15 for ur |
| atta | use. If you are separated and you ch a separate sheet to this form. t1: Describe Employment | | | | | | | | | | |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | or non-fil | ing sp | ouse | | |
| | If you have more than one job, attach a separate page with | Employment status | ■ Employed | | | | ☐ Emplo | yed | | | |
| | information about additional employers. | | ☐ Not employed | | | | ☐ Not er | nployed | | | |
| | Include part-time, seasonal, or | Occupation | Supervisor | | | | | | | | |
| | self-employed work. | Employer's name | United Parcel Serv | vice, Ir | nc. | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 55 Glenlake Parkw Atlanta, GA 30328 | • . | E | | | | | | |
| | | How long employed t | here? 15 years | | | | | | | | _ |
| Par | Give Details About Mor | nthly Income | | | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to repo | ort for a | ny li | ine, write | \$0 in the | space. Incl | lude yo | our non-fili | ing |
| | u or your non-filing spouse have me e space, attach a separate sheet to | | ombine the information fo | or all em | nplo | yers for th | nat perso | n on the lin | es bel | ow. If you | need |
| | | | | | | For Debt | tor 1 | For Deb | | | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$_ | 7,4 | 188.00 | \$ | | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | 3 | +\$ _ | | 0.00 | +\$ | | N/A | |

Official Form 106I Schedule I: Your Income page 1

7,488.00

N/A

Calculate gross Income. Add line 2 + line 3.

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| Debt | tor 1 | David N. Gomolson | - | (| Case | number (if knowr |) . | | | | |
|------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|-------------|--------------------|-----|-------|------------------|---------------|--------------------|
| | 0 | | á | | | Debtor 1 | | non-f | ebtor iling s | pouse | |
| | Сор | y line 4 here | 4. | | \$_ | 7,488.00 | _ | \$ | | N/A | <u>\</u> |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 58 | a. | \$_ | 1,985.43 | 3_ | \$ | | N/A | <u>\</u> |
| | 5b. | Mandatory contributions for retirement plans | 5k | | \$_ | 0.00 | _ | \$ | | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 50 | | \$_ | 374.40 | _ | \$ | | N/A | |
| | 5d. | Required repayments of retirement fund loans Insurance | 50 | | \$ \$ | 44.19 | _ | \$ | | N/A | |
| | 5e. 5f. | Domestic support obligations | 56 5f | | \$ _ | 538.53 1,400.00 | | \$ | | N/A | |
| | 5g. | Union dues | 50 | | \$ - | 0.00 | _ | \$ | | N/A | _ |
| | 5h. | Other deductions. Specify: | - | า.+ | <u>*</u> - | 0.00 | _ | | | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | _ 6. | | \$ | 4,342.5 | _ | \$ | | N/A | _ |
| 7. | Calc | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 3,145.4 | | \$ | | N/A | _ \ |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 88 | а. | \$ | 0.00 |) | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b | Э. | \$_ | 0.0 |) | \$ | | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 80 | | \$_ | 0.00 | | \$ | | N/A | |
| | 8d. | Unemployment compensation | 80 | | \$ | 0.00 | _ | \$ | | N/A | _ |
| | 8e. 8f. | Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | 86 | J . | \$_ | 0.00 | _ | Φ | | N/A | <u> </u> |
| | | Specify: | 8f | | \$_ | 0.0 | | \$ | | N/A | |
| | 8g. | Pension or retirement income | 80 | - | \$_ | 0.00 | _ | \$ | | N/A | |
| | 8h. | Other monthly income. Specify: | _ 8r | Դ.+ | \$_ | 0.00 |) - | - \$ | | N/A | <u>\</u> |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | | \$ | 0.00 |) | \$ | | N/ | Ά. |
| 10 | Calc | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 3,145.45 + | \$ | | N/A | = \$ | 3,145.45 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | Ψ_ | | 3,143.43 | Ψ_ | | 11/7 | | 3,143.43 |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your refriends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify: | dep | | | • | | | hedule 11. | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | | | 12. | \$ | 3,145.45 |
| 13. | Do y | ou expect an increase or decrease within the year after you file this form | ? | | | | | | · | Comb month | ined ily income |
| | | No. | | | | | | | | | |
| | | Voc Evoloin: | | | | | | | | | |

| Eill-i | n this informa | ation to identify yo | our casa: | | | I | | |
|--------|----------------------------|------------------------------------------------------|------------------|-------------------------------------------------------------------------------|----------------------------------------|---------------|------------------------------------|-------------------------------|
| Debt | | | | | | Ohere | k if this is: | |
| Debt | 101 1 | David N. Go | moison | | | | к if this is: An amended filing | |
| Debt | | | | | | | | ving postpetition chapter |
| (Spo | use, if filing) | | | | | | 13 expenses as or | the following date: |
| Unite | ed States Bankı | ruptcy Court for the | : DISTRI | CT OF NEW JERSEY | | Ī | MM / DD / YYYY | |
| | e number nown) | | | | | | | |
| Of | ficial Fo | rm 106J | | | | | | |
| Sc | chedule | J: Your | Exper | ises | | | | 12/15 |
| info | rmation. If m | | eded, atta | . If two married people a ch another sheet to this n. | | | | |
| Part | | ribe Your House | hold | | | | | |
| 1. | Is this a joir | | | | | | | |
| | ■ No. Go to | | • | - (- l l. 10 | | | | |
| | | | ın a separ | ate household? | | | | |
| | | | st file Offic | al Form 106J-2, Expenses | s for Separate House | ehold of Debt | or 2. | |
| 2 | | | _ | -, —, - , —, - , -, -, -, -, -, -, -, -, -, -, -, -, -, | | | | |
| 2. | • | e dependents? | ☐ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | names. | | | Son | | 4 | ■ Yes |
| | | | | | C | | • | □ No |
| | | | | | Son | | 9 | ■ Yes □ No |
| | | | | | | | | □ NO □ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| 3. | expenses o | penses include f people other t d your depende | han $_{\square}$ | No Yes | | | | |
| exp | mate your ex | | our bankr | y Expenses uptcy filing date unless y y is filed. If this is a sup | | | | |
| the | | h assistance an | | government assistance cluded it on <i>Schedule I:</i> | | | Your exp | enses |
| 4. | | or home owners | | ses for your residence. | Include first mortgag | e 4. \$ | | 1,638.70 |
| | If not include | ded in line 4: | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. \$ | | 0.00 |
| | | erty, homeowner's | s, or renter | 's insurance | | 4b. \$ | | 0.00 |
| | | | | upkeep expenses | | 4c. \$ | | 100.00 |
| _ | | owner's associat | | | | 4d. \$ | | 0.00 |
| 5 | Additional I | mortaaae navmi | ants for w | our residence , such as ho | ame equity loans | 5 S | | 0.00 |

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| 6a. Electricity, heat, natural gas 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: cell phone 6d. \$ 7. Food and housekeeping supplies 7. \$ 8. Childcare and children's education costs 8. \$ 9. Clothing, laundry, and dry cleaning 9. \$ 10. Personal care products and services 10. | 300.00 40.00 90.00 100.00 400.00 50.00 50.00 0.00 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: cell phone 6d. \$ Food and housekeeping supplies 7. \$ Childcare and children's education costs 8. \$ Clothing, laundry, and dry cleaning 9. \$ | 40.00 90.00 100.00 400.00 0.00 50.00 50.00 |
| 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: cell phone 6d. \$ Food and housekeeping supplies 7. \$ Childcare and children's education costs 8. \$ Clothing, laundry, and dry cleaning 9. \$ | 40.00 90.00 100.00 400.00 0.00 50.00 50.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: cell phone 6d. \$ Food and housekeeping supplies 7. \$ Childcare and children's education costs 8. \$ Clothing, laundry, and dry cleaning 9. \$ | 90.00 100.00 400.00 0.00 50.00 50.00 |
| 6d. Other. Specify: cell phone 6d. \$ Food and housekeeping supplies 7. \$ Childcare and children's education costs 8. \$ Clothing, laundry, and dry cleaning 9. \$ | 100.00 400.00 0.00 50.00 50.00 0.00 |
| Food and housekeeping supplies 7. \$ Childcare and children's education costs 8. \$ Clothing, laundry, and dry cleaning 9. \$ | 400.00 0.00 50.00 50.00 0.00 |
| Childcare and children's education costs 8. \$ Clothing, laundry, and dry cleaning 9. \$ | 0.00 50.00 50.00 0.00 |
| Clothing, laundry, and dry cleaning 9. \$ | 50.00 50.00 0.00 |
| | 50.00 0.00 |
| | 0.00 |
| . Medical and dental expenses 11. \$ | |
| Transportation. Include gas, maintenance, bus or train fare. | 400 00 |
| Do not include car payments. | ₹00.00 |
| Entertainment, clubs, recreation, newspapers, magazines, and books | 0.00 |
| Charitable contributions and religious donations | 0.00 |
| Insurance. | 0.00 |
| Do not include insurance deducted from your pay or included in lines 4 or 20. | |
| 15a. Life insurance 15a. \$ | 0.00 |
| 15b. Health insurance 15b. \$ | 0.00 |
| 15c. Vehicle insurance 15c. \$ | 120.00 |
| 15d. Other insurance. Specify: | 0.00 |
| Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | |
| Specify: 16. \$ | 0.00 |
| . Installment or lease payments: | |
| 17a. Car payments for Vehicle 1 17a. \$ | 460.00 |
| 17b. Car payments for Vehicle 2 | 0.00 |
| 17c. Other. Specify: 17c. \$ | 0.00 |
| 17d. Other. Specify: 17d. \$ | 0.00 |
| Your payments of alimony, maintenance, and support that you did not report as | 2.22 |
| deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 0.00 |
| Other payments you make to support others who do not live with you. | 0.00 |
| Specify: 19. | |
| Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | |
| 20a. Mortgages on other property 20a. \$ | 0.00 |
| 20b. Real estate taxes 20b. \$ | 0.00 |
| 20c. Property, homeowner's, or renter's insurance 20c. \$ | 0.00 |
| 20d. Maintenance, repair, and upkeep expenses 20d. \$ | 0.00 |
| 20e. Homeowner's association or condominium dues 20e. \$ | 0.00 |
| . Other: Specify: 21. +\$ | 0.00 |
| 2. Calculate your monthly expenses | |
| 22a. Add lines 4 through 21. | 3,748.70 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 3,740.70 |
| | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | 3,748.70 |
| 3. Calculate your monthly net income. | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ | 3,145.45 |
| 23b. Copy your monthly expenses from line 22c above. | 3,748.70 |
| | 5,1 70.110 |
| 23c. Subtract your monthly expenses from your monthly income. | |
| The result is your monthly net income. | -603.25 |
| 4. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or of modification to the terms of your mortgage? No. | decrease because o |
| ■ INO. Evalain here: | |

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| Fill in this infor | rmation to identify your | case: | | | |
|-----------------------------------------|----------------------------------------------------|-----------------------------|------------------------|-------------------------------------------------------------------------------|---------------------------------|
| Debtor 1 | David N. Gomols | on | | | |
| 20210 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF NEW JERSE | ΞΥ | | |
| Case number | | | | | |
| (if known) | | | | _ | ck if this is an nded filing |
| · You must file th obtaining mone | is form whenever you fi | n connection with a bankrup | amended schedules | . Making a false statement, conceali n fines up to \$250,000, or imprisonr | |
| Sig | ın Below | | | | |
| Did you pa | ay or agree to pay some | one who is NOT an attorney | to help you fill out b | pankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of person | | | Attach Bankruptcy Petition Declaration, and Signature | |
| | alty of perjury, I declare re true and correct. | that I have read the summa | ry and schedules file | d with this declaration and | |
| X /s/ Dav | vid N. Gomolson | | _ x | | |
| | N. Gomolson ure of Debtor 1 | | Signature of | Debtor 2 | |
| Date | October 24, 2019 | | Date | | |

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| | | nation to identify you | | | | |
|---------------------|-----------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------|
| Deb | otor 1 | David N. Gomols First Name | Middle Name | Last Name | | |
| | otor 2 use if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ed States Bar | nkruptcy Court for the: | DISTRICT OF NEW JERS | SEY | | |
| Cas (if kn | se number | | | | _ | Check if this is an mended filing |
| Sta Be a info | s complete a | of Financial and accurate as possiore space is needed, | attach a separate sheet to | are filing together, both are | ankruptcy equally responsible for sup y additional pages, write you | |
| | | n). Answer every ques Petails About Your Ma | stion. arital Status and Where You | ı Lived Before | | |
| 1. | What is your | current marital statu | ıs? | | | |
| | ☐ Married■ Not mar | ried | | | | |
| 2. | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. Lis | t all of the places you l | ived in the last 3 years. Do no | ot include where you live now | <i>.</i> | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. state | | | | | ity property state or territory co, Texas, Washington and W | |
| | ■ No □ Yes. Ma | ke sure you fill out <i>Scl</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Par | t 2 Explai | n the Sources of You | r Income | | | |
| 4. | Fill in the tota | I amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part | | ndar years? |
| | □ No ■ Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$88,222.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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| | 0400 10 0010 17 127 1 | | , | =::to:oa =0/=0/=0 =0:0=:00 | - 000 midin |
|----------|-----------------------|----------|-----|---------------------------------------|--------------------|
| Debtor 1 | David N. Gomolson | Document | Pag | ge 32 of 58 Case number (if known) | |
| | | | | | |

| | | | | Debtor 1 | | Debtor 2 | | | |
|-----|-------------------------------|---------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------|---------------------------|-------------------------------------------------------|--|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco | | Gross income (before deductions and exclusions) | |
| | | endar year: to December | 31, 2018) | ■ Wages, commissions, bonuses, tips | \$85,000.00 | ☐ Wages, commissions, bonuses, tips | | | |
| | | | | ☐ Operating a business | | ☐ Operating a b | ousiness | | |
| | | endar year be to December | | ■ Wages, commissions, bonuses, tips | \$88,176.00 | ☐ Wages, commissions, bonuses, tips | | | |
| | | | | ☐ Operating a business | | Operating a b | ousiness | | |
| | and other winnings List each | er public benef s. If you are fili h source and t | fit payments; ing a joint cas he gross inco | ner that income is taxable. Exa pensions; rental income; inter se and you have income that y ome from each source separat | est; dividends; money collect you received together, list it o | ted from lawsuits; r nly once under De | royalties; and btor 1. | | |
| | | | | 5.14 | | 514 6 | | | |
| | | | | Debtor 1 | 0 | Debtor 2 | | 0 | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inco Describe below. | | Gross income (before deductions and exclusions) | |
| Pai | rt 3: Li | ist Certain Pa | yments You | Made Before You Filed for | Bankruptcy | | | | |
| 6. | Are eith | er Debtor 1's | or Debtor 2 | 's debts primarily consume | debts? | | | | |
| | □ No | | | Debtor 2 has primarily consupersonal, family, or household | | are defined in 11 | U.S.C. § 101 | (8) as "incurred by an | |
| | | During the No. | 90 days befo | ore you filed for bankruptcy, di | d you pay any creditor a total | of \$6,825* or more | e? | | |
| | | ☐ Yes | paid that cr | each creditor to whom you pai editor. Do not include paymer payments to an attorney for the | its for domestic support oblig | | | | |
| | | * Subject | | t on 4/01/22 and every 3 years | | or after the date of | adjustment. | | |
| | Yes | | | or both have primarily consure you filed for bankruptcy, di | | of \$600 or more? | | | |
| | | ■ No. | Go to line 7 | | | | | | |
| | | □ _{Yes} | include pay | each creditor to whom you pai ments for domestic support of this bankruptcy case. | | | | | |
| | Credito | or's Name and | d Address | Dates of payme | nt Total amount paid | Amount you still owe | Was this p | ayment for | |

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Debtor 1 David N. Gomolson Case number (if known)

| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one fo a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No | | | | | | | | |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------|---------------|----------------------|---------------------------------------------------|--|--|--|
| | Yes. List all payments to an insider. Insider's Name and Address | Dates of payment | Total amount | Amount ye | | this payment | | | |
| 8. | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. | | | | | | | | |
| | ■ No □ Yes. List all payments to an insider | | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount ye | | this payment litor's name | | | |
| Pa | rt 4: Identify Legal Actions, Repossession | ns, and Foreclosures | • | | | | | | |
| 9. | Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. | | | | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the case | | | | |
| 10. | Within 1 year before you filed for bankrupton Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address | | | | arnished, attached | d, seized, or levied? Value of the property | | | |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. | | | | | | | | |
| | Creditor Name and Address | Describe the action the creditor took | | | Date action was aken | Amount | | | |
| | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or a No Yes List Certain Gifts and Contributions | | erty in the possessi | ion of an ass | ignee for the ben | efit of creditors, a | | | |
| 13. | ■ No | | | | | | | | |
| | Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | Describe the gifts | Describe the gifts | | | Value | | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | | |

Case 19-30234-ABA Doc 1 Filed 10/25/19 Entered 10/25/19 16:52:36 Desc Main Page 34 of 58 Document Case number (if known) Debtor 1 David N. Gomolson 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Nο Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No п Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You **Debtor CC** \$14.95 Law Office of Andrew B. Finberg, LLC \$3,000.00 525 Rt. 73 South **Suite #200** Marlton, NJ 08053 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

Yes. Fill in the details.

Person Who Received Transfer Address

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

Person's relationship to you

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Debtor 1 David N. Gomolson

| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) | | | | | | | | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------|-----------------------|------------------------------------------------------|--------------|-------------------------------------------|--|--|--|
| | No | | | | | | | | | |
| | Yes. Fill in the details. Name of trust | Description and v | value of the pro | operty trans | sferred | Date T | Transfer was | | | |
| | and a little of Ocardain Fire and in Assessment States | | . D | | - | made | | | | |
| Ра | rt 8: List of Certain Financial Accounts, Instr | uments, Safe Deposi | t Boxes, and S | storage Unit | ts | | | | | |
| | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associated to the cooperative of the cooperat | other financial accou | nts; certificate | s of deposi | • | • | | | | |
| | ■ No | | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | | |
| | | ast 4 digits of account number | Type of acco | ount or | Date account was closed, sold, moved, or transferred | | Last balance re closing or transfer | | | |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | | | | | |
| | ■ No | | | | | | | | | |
| | Yes. Fill in the details. | ■ No □ Yes Fill in the details | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | | | | you still e it? | | | |
| | | , | | | | | | | | |
| 22. | Have you stored property in a storage unit or | place other than your | r home within | 1 year befor | re you filed for bankrup | itcy? | | | | |
| | ■ No | | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or I to it? Address (Number, S State and ZIP Code) | | Describe the contents | | | you still 'e it? | | | |
| Dо | et 0. Identify Property Voy Hold or Control to | , | | | | | | | | |
| Pa | rt 9: Identify Property You Hold or Control fo | r Someone Eise | | | | | | | | |
| 23. | Do you hold or control any property that some for someone. | eone else owns? Incl | ude any prope | rty you bor | rowed from, are storing | រ for, or ho | old in trust | | | |
| | No | | | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | | Value | | | |
| Pa | rt 10: Give Details About Environmental Inform | mation | | | | | | | | |
| | | | | | | | | | | |
| For | the purpose of Part 10, the following definition | s apply: | | | | | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these s | air, land, soil, surfac | e water, groun | | | | | | | |
| | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used | | | | | | | | | |
| | | own, operate, or utilize it, including disposal sites. | | | | | | | | |
| _ | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, | | | | | | | | | |

hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 David N. Gomolson

| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------|--------------------|--|--|
| | ■ No □ Yes. Fill in the details. | - 10 | | | | | | |
| | Name of site Address (Number, Street, City, State and ZI | P Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | dress (Number, Street, City, State and know it | | Date of notice | | |
| 25. | Have you notified any governmental unit of any release of hazardous material? | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZI | P Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environmental law, if you know it | Date of notice | | |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Case Title Case Number | | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nat | ture of the case | Status of the case | | |
| Par | rt 11: Give Details About Your Busin | ness or Conn | nections to Any Business | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? | | | | | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | |
| | No. None of the above applies. Go to Part 12. | | | | | | | |
| | Yes. Check all that apply above | and fill in th | d fill in the details below for each business. | | | | | |
| | Address | | scribe the nature of the business me of accountant or bookkeeper | | Employer Identification number Do not include Social Security number or ITIN. | | | |
| | | | | | Dates business existed | | | |
| 28. | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. | | | | | | | |
| | ■ No □ Yes. Fill in the details below. | | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date | e Issued | | | | | |

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Debtor 1 David N. Gomolson Case number (if known) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ David N. Gomolson David N. Gomolson Signature of Debtor 2 Signature of Debtor 1 Date October 24, 2019 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

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| Fill in this infor | rmation to identify your | case: | | |
|---------------------|----------------------------|-----------------------------|------------------|-------------------------------------------------|
| Debtor 1 | David N. Gomols | on | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | DISTRICT OF NEW JE | RSEY | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| Official Fo | orm 108 | | | |
| | | | | - |
| Stateme | nt of Intentio | n for Individu | ıals Filing Unde | r Chapter 7 |
| | | | | - |
| If you are an inc | dividual filing under cha | pter 7, you must fill out t | his form if: | |
| creditors have | ve claims secured by yo | ur property, or | | |
| vou have lea | sed personal property a | and the lease has not exp | oired. | |
| • | | • | | by the date set for the meeting of creditors, |
| | ever is earlier, unless th | | | nd copies to the creditors and lessors you list |

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|-----------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------|
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | ☐ Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | _ |
| Description of | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1 | David N. Gomolson | Case number (if kno | wn) |
|---------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| name: Descrip propert; securin | у | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | □ Yes |
| or any ur | rmation below. Do not list real estate le | y Leases rou listed in Schedule G: Executory Contracts and Unexp eases. Unexpired leases are leases that are still in effect; y lease if the trustee does not assume it. 11 U.S.C. § 365(| the lease period has not yet ended. |
| Describe | your unexpired personal property leas | es | Will the lease be assumed? |
| Lessor's n Descriptio Property: | name: on of leased | | □ No □ Yes |
| Lessor's n Descriptio Property: | name: on of leased | | □ No □ Yes |
| Lessor's n Descriptio Property: | name: on of leased | | □ No □ Yes |
| Lessor's n Descriptio Property: | name: on of leased | | □ No □ Yes |
| Lessor's n Descriptio Property: | name: on of leased | | □ No □ Yes |
| Lessor's n Descriptio Property: | name: on of leased | | □ No □ Yes |
| Lessor's n Descriptio Property: | name: on of leased | | □ No |
| | Sign Below | | ☐ Yes |
| | nalty of perjury, I declare that I have ind hat is subject to an unexpired lease. | licated my intention about any property of my estate that | secures a debt and any personal |
| Dav Signa | David N. Gomolson id N. Gomolson ature of Debtor 1 | Signature of Debtor 2 | |
| Date | October 24, 2019 | Date | |

| Fill ir | n this information to identify your case: | | | | | rected in this form and | in Form |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------|---------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Debt | or 1 David N. Gomolson | | 12 | 2A-1Sı | nbb: | | |
| Debt (Spou | or 2 | | | □ 1. T | here is no presu | umption of abuse | |
| | ed States Bankruptcy Court for the: District of New Jer | rsey | | ; | applies will be m | o determine if a presur nade under <i>Chapter</i> 7 | |
| Case (if kno | e number | | | | , | cial Form 122A-2). does not apply now be | ecause of |
| | | | | | qualified military | service but it could ap | |
| ∩ff | icial Form 122A - 1 | | | □ Ch | eck if this is a | n amended filing | |
| | | ront Monthly | , Inc | om. | • | | 40/44 |
| CII | apter 7 Statement of Your Cur | rent Monthly | , IIIC | OIII | <u>e </u> | | 10/19 |
| attach case i qualif | complete and accurate as possible. If two married people as a separate sheet to this form. Include the line number to whomber (if known). If you believe that you are exempted from the properties of the service, complete and file Statement of Exempted 1.1. | hich the additional inform m a presumption of abus | mation a | applies se you | . On the top of ar do not have prin | y additional pages, writer and the consumer debts of the consumer | te your name and or because of |
| Part | • | | | | | | |
| 1. | What is your marital and filing status? Check one on | ily. | | | | | |
| | Not married. Fill out Column A, lines 2-11. | | | | | | |
| | ☐ Married and your spouse is filing with you. Fill ou | | | 2-11. | | | |
| | Married and your spouse is NOT filing with you. | • • | | | | | |
| | Living in the same household and are not lega | illy separated. Fill out l | oth Co | lumns | A and B, lines 2 | !-11. | |
| | ☐ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evadir | egally separated under | nonban | kruptc | y law that applie | s or that you and your | |
| 10 the | Il in the average monthly income that you received from all 1(10A). For example, if you are filing on September 15, the 6-me 6 months, add the income for all 6 months and divide the total ouses own the same rental property, put the income from that p | onth period would be Marc by 6. Fill in the result. Do i | h 1 throu not includ | ugh Aug de any i | gust 31. If the amo income amount mo | unt of your monthly incon ore than once. For examp | ne varied during ble, if both |
| | | | | Colur Debte | | Column B Debtor 2 or non-filing spouse | |
| 2. | Your gross wages, salary, tips, bonuses, overtime, payroll deductions). | and commissions (be | ore all | \$ | 8,723.67 | \$ | |
| 3. | Alimony and maintenance payments. Do not include Column B is filled in. | payments from a spous | se if | \$ | 0.00 | \$ | |
| | All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a sp | . Include regular contrib I, your dependents, par | utions ents, | \$ | 0.00 | \$ | |
| 1 | filled in. Do not include payments you listed on line 3. Net income from operating a business, profession, | or farm | | Ψ | | Ψ | |
| J. | rect meditie from operating a business, profession, | Debtor 1 | | | | | |
| | Gross receipts (before all deductions) | \$ 0.00 | | | | | |
| | Ordinary and necessary operating expenses | -\$ 0.00 | | | | | |
| | Net monthly income from a business, profession, or fari | m \$ 0.00 Copy | here -> | \$ | 0.00 | \$ | |
| | Net income from rental and other real property | · <u></u> | | | | | |
| | | Debtor 1 | | | | | |
| | Gross receipts (before all deductions) | \$0.00 | | | | | |
| | Ordinary and necessary operating expenses | -\$ 0.00 | | | | | |
| | Net monthly income from rental or other real property | \$ 0.00 Copy | here -> | \$ | 0.00 | \$ | |
| 7. | Interest, dividends, and royalties | | | \$ | 0.00 | \$ | |
| | | | | | | | |

Official Form 122A-1

Case 19-30234-ABA Doc 1 Filed 10/25/19 Entered 10/25/19 16:52:36 Desc Main Page 41 of 58 Document David N. Gomolson Debtor 1 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \$ For your spouse 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ 0.00 Total amounts from separate pages, if any. 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 8.723.67 8,723.67 \$ \$ each column. Then add the total for Column A to the total for Column B. Total current monthly income Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 8,723.67 Multiply by 12 (the number of months in a year) **x** 12 104.684.04 12b. The result is your annual income for this part of the form 12h 13. Calculate the median family income that applies to you. Follow these steps: NJ Fill in the state in which you live. Fill in the number of people in your household. 82.263.00 Fill in the median family income for your state and size of household. 13.

14. How do the lines compare?

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*. Go to Part 3.

To find a list of applicable median income amounts, go online using the link specified in the separate instructions

for this form. This list may also be available at the bankruptcy clerk's office.

Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*.

Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ David N. Gomolson

David N. Gomolson

Signature of Debtor 1

Date October 24, 2019

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| Debtor 1 | David N. Gomolson | Case number (if known) | |
|----------|-------------------|------------------------|--|
| | MM / DD / YYYY | | |

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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| | _ | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------|-------------------------|
| Fill in this information to identify your case: | | eck the appropriate es 40 or 42: | box as directed in |
| Debtor 1 David N. Gomolson | | According to the calcul | ations required by this |
| Debtor 2 (Spouse, if filing) | | Statement: | ations required by this |
| United States Bankruptcy Court for the: District of New Jersey | | ■ 1. There is no presu | mption of abuse. |
| | | ☐ 2. There is a presun | nption of abuse. |
| Case number(if known) | | | |
| | | Check if this is an an | nended filing |
| Official Form 122A - 2 | | | |
| Chapter 7 Means Test Calculation | | | 04/19 |
| To fill out this form, you will need your completed copy of Chapter 7 Stateme | nt of Your Current Mo | onthly Income (Officia | l Form 122A-1). |
| Be as complete and accurate as possible. If two married people are filing tog space is needed, attach a separate sheet to this form, Include the line numbe additional pages, write your name and case number (if known). Part 1: Determine Your Adjusted Income | | | |
| Copy your total current monthly income. Copy line 11 fr | om Official Form 122 | A-1 here=> \$ | 8,723.67 |
| 2. Did you fill out Column B in Part 1 of Form 122A-1? | | | |
| ■ No. Fill in \$0 for the total on line 3. | | | |
| ☐ Yes. Is your spouse Filing with you? | | | |
| ☐ No. Go to line 3. | | | |
| ☐ Yes. Fill in \$0 for the total on line 3. | | | |
| Adjust your current monthly income by subtracting any part of your spondousehold expenses of you or your dependents. Follow these steps: On line 11, Column B of Form 122A–1, was any amount of the income you recommend | | | or the household |
| expenses of you or your dependents? | | | |
| ■ No. Fill in 0 for the total on line 3. | | | |
| ☐ Yes. Fill in the information below: | | | |
| | | | |
| State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents. | Fill in the amoun are subtracting for your spouse's in | rom | |
| | \$ | | |
| | \$ | | |
| | \$ | | |
| | \$ | | |
| Total. | \$0.00 | | |
| | | Copy total here=> | - \$ 0.00 |
| | | | - φ |
| | | | \$ 8,723.67 |
| 4. Adjust your current monthly income. Subtract line 3 from line 1. | | | \$8,723.67 |

Official Form 122A-2

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| | | S Contract of the contract of |
|---------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ebtor 1 | David N. Gomolson | Case number (if known) |

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted fro your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from in income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the from refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 1,288.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person \$ 55.00
- 7b. Number of people who are under 65 X 2
- 7c. Subtotal. Multiply line 7a by line 7b. \$ 110.00 Copy here=> \$ 110.00

People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person \$ 114.00
- 7e. Number of people who are 65 or older X **0**
- 7f. **Subtotal.** Multiply line 7d by line 7e. \$ ______ **0.00 Copy here=> +\$** _____ **0.00**
- 7g. Total. Add line 7c and line 7f \$ 110.00 Copy total here=> \$ 110.00

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Debtor 1 David N. Gomolson Case number (if known)

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

| Based on information from the IRS, the U.S. | Trustee Program has divi | ided the IRS Local Stand | lard for housing for |
|---------------------------------------------|--------------------------|--------------------------|----------------------|
| bankruptcy purposes into two parts: | | | |

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. **636.00**

9. Housing and utilities - Mortgage or rent expenses:

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

| Name of the creditor | Average paymer | e monthly nt |
|---------------------------------|----------------|-----------------|
| Specialized Loan Servicing, LLC | \$ | 1,638.70 |

Total average monthly payment \$ 1,638.70 Copy here=> -\$ 1,638.70 Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Explain why:

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

☐ 0. Go to line 14.

■ 1. Go to line 12.

2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$

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|----------|-------------------|------------------------|------|
| Debtor 1 | David N. Gomolson | Case number (if known) | |
| | | | |
| | | | |

| 13. | You | icle ownership or lease expense: Using the IRS Local may not claim the expense if you do not make any loan or than two vehicles. | | | | | |
|------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|--------------------|------------------------------------------------|--------|
| Ve | hicle | 1 Describe Vehicle 1: 2009 Toyota 4Runner 9 | 5,000 miles miles | | | | |
| 13a. | . Own | ership or leasing costs using IRS Local Standard | | \$ | 508.00 | | |
| 13b | | rage monthly payment for all debts secured by Vehicle 1. not include costs for leased vehicles. | | | | | |
| | are o | alculate the average monthly payment here and on line 1 contractually due to each secured creditor in the 60 mont cruptcy. Then divide by 60. | | t | | | |
| | | Name of each creditor for Vehicle 1 | Average monthly payment | | | | |
| | | Wells Fargo Dealer Services | \$ 168.67 | | | | |
| | | Total Average Monthly Payment | \$168.67 | Copy here => | -\$168 | Repeat this amount on line 33b. | |
| 13c. | | Vehicle 1 ownership or lease expense tract line 13b from line 13a. if this amount is less than \$0, | enter \$0. | \$ | 339.33 | Copy net Vehicle 1 expense here => \$ | 339.33 |
| Ve | hicle | 2 Describe Vehicle 2: | | | | | |
| 13d. | . Own | ership or leasing costs using IRS Local Standard | | \$ | 0.00 | | |
| 13e. | | rage monthly payment for all debts secured by Vehicle 2. ed vehicles. | Do not include costs for | | | | |
| | | Name of each creditor for Vehicle 2 | Average monthly payment | | | | |
| | | | \$ | | | | |
| | | Total Average Monthly Payment | \$ | Copy here => -\$ | 0.00 | Repeat this amount on line 33c. | |
| 13f. | | Vehicle 2 ownership or lease expense tract line 13e from line 13d. if this amount is less than \$0, | enter \$0 | \$ | 0.00 | Copy net Vehicle 2 expense here => \$ | 0.00 |
| 14. | | lic transportation expense: If you claimed 0 vehicles in sportation expense allowance regardless of whether you | | | dards, fill in the | Public \$ | 0.00 |
| 15. | also | itional public transportation expense: If you claimed 1 deduct a public transportation expense, you may fill in we claim more than the IRS Local Standard for <i>Public Transp</i> | hat you believe is the ap | | | | 0.00 |

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Debtor 1 David N. Gomolson Case number (if known)

| Oth | | n addition to the expense deductions listed above, you are allowed your monthly expenses he following IRS categories. | for | |
|-----|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|
| 16. | self-employment taxes, social your pay for these taxes. How | nount that you will actually owe for federal, state and local taxes, such as income taxes, all security taxes, and Medicare taxes. You may include the monthly amount withheld from wever, if you expect to receive a tax refund, you must divide the expected refund by 12 m the total monthly amount that is withheld to pay for taxes. | | |
| | Do not include real estate, sa | ales, or use taxes. | \$ | 2,608.27 |
| 17. | Involuntary deductions: Th contributions, union dues, an | e total monthly payroll deductions that your job requires, such as retirement d uniform costs. | | |
| | Do not include amounts that | are not required by your job, such as voluntary 401(k) contributions or payroll savings. | \$ | 0.00 |
| 18. | filing together, include payme | onthly premiums that you pay for your own term life insurance. If two married people are ents that you make for your spouse's term life insurance. Do not include premiums for life ts, for a non-filing spouse's life insurance, or for any form of life insurance other than | \$ | 0.00 |
| 19. | | The total monthly amount that you pay as required by the order of a court or as spousal or child support payments. | | |
| | Do not include payments on | past due obligations for spousal or child support. You will list these obligations in line 35. | \$ | 1,400.00 |
| 20. | Education: The total monthly | y amount that you pay for education that is either required: | | |
| | as a condition for your job | o, or | | |
| | for your physically or men | tally challenged dependent child if no public education is available for similar services. | \$ | 0.00 |
| 21. | Childcare: The total monthly | amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. | | |
| | Do not include payments for | any elementary or secondary school education. | \$ | 0.00 |
| 22. | that is required for the health | enses, excluding insurance costs: The monthly amount that you pay for health care and welfare of you or your dependents and that is not reimbursed by insurance or paid Include only the amount that is more than the total entered in line 7. | | 0.00 |
| | Payments for health insurance | ce or health savings accounts should be listed only in line 25. | \$ | 0.00 |
| 23. | for you and your dependents | ephone services: The total monthly amount that you pay for telecommunication services s, such as pagers, call waiting, caller identification, special long distance, or business cell necessary for your health and welfare or that of your dependents or for the production of d by your employer. | | |
| | | basic home telephone, internet and cell phone service. Do not include self-employment orted on line 5 of Official Form 122A-1, or any amount you previously deducted. | +\$ | 0.00 |
| 24. | Add all of the expenses alloward lines 6 through 23. | owed under the IRS expense allowances. | \$ | 6,625.60 |

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Debtor 1 David N. Gomolson Case number (if known)

| Add | itional | Expense Deductions These are additional | | | | | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------|----------------------------------------------------------------------------|-----|--------|
| | | Note: Do not include | any expe | nse allowances | listed in lines 6-24. | | |
| 25. | insurar | n insurance, disability insurance, and health ance, disability insurance, and health savings accependents. | | | | r | |
| | Health | insurance | \$ | 468.90 | | | |
| | Disabil | lity insurance | \$ | 0.00 | | | |
| | Health | savings account | +\$ | 0.00 | | | |
| | | | | | | | |
| | Total | | \$ | 468.90 | Copy total here=> | \$ | 468.90 |
| | Do you | actually spend this total amount? | | | | | |
| | | No. How much do you actually spend? Yes | \$ | | | | |
| 26. | Continu | nued contributions to the care of household use to pay for the reasonable and necessary care ousehold or member of your immediate family we contributions to an account of a qualified ABLE | or family and supply ho is una | port of an elderl ble to pay for su | y, chronically ill, or disabled member of uch expenses. These expenses may | \$ | 0.00 |
| 27. | | ction against family violence. The reasonably of you and your family under the Family Violence | | | | | |
| | By law | , the court must keep the nature of these expen | ses confic | dential. | | \$ | 0.00 |
| 28. | Additional | onal home energy costs. Your home energy c | osts are ir | ncluded in your | insurance and operating expenses on | | |
| | | believe that you have home energy costs that an fill in the excess amount of home energy costs | | an the home er | nergy costs included in expenses on line | | |
| | | ust give your case trustee documentation of you at claimed is reasonable and necessary. | ır actual e | expenses, and y | ou must show that the additional | \$ | 0.00 |
| 29. | \$170.8 | ation expenses for dependent children who a 3* per child) that you pay for your dependent chelementary or secondary school. | | | | | |
| | | ust give your case trustee documentation of you d is reasonable and necessary and not already | | | | | |
| | * Subje | ect to adjustment on 4/01/22, and every 3 years | after that | for cases begu | n on or after the date of adjustment. | \$ | 0.00 |
| 30. | higher | onal food and clothing expense. The monthly than the combined food and clothing allowance % of the food and clothing allowances in the IRS | s in the IF | RS National Star | | | |
| | | a chart showing the maximum additional allowations for this form. This chart may also be available. | - | - | · | | |
| | You m | ust show that the additional amount claimed is r | easonabl | e and necessar | y. | \$ | 0.00 |
| 31. | | nuing charitable contributions. The amount the nents to a religious or charitable organization. 20 | | | ntribute in the form of cash or financial | +\$ | 0.00 |
| 32. | | II of the additional expense deductions. nes 25 through 31. | | | | \$ | 468.90 |

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Debtor 1 David N. Gomolson Case number (if known)

| Dedu | ctions for Debt Payment | | | | | | | |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------|-------------------------|-----------------------|--|--|
| lo | ans, and other secured debt, fill in li | _ | | | | | | |
| | To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. | | | | | | | |
| | Mortgages on your home: | | | | | verage monthly ayment | | |
| 33a. | Copy line 9b here | | | | => \$ | 1,638.70 | | |
| | Loans on your first two vehicles: | | | | | | | |
| 33b. | Copy line 13b here | | | = | => \$ | 168.67 | | |
| 33c. | | | | | => \$ | 0.00 | | |
| 33d. | List other secured debts: | | | | | | | |
| Name | of each creditor for other secured debt | Identify property that secures the debt | | Does payment include taxes insurance? | | | | |
| | | | | □ No | | | | |
| - | -NONE- | _ | | ☐ Yes | \$ | | | |
| | | | | □ No | | | | |
| | | | | ☐ Yes | \$ | | | |
| - | | | | | | | | |
| | | | | □ No | | | | |
| - | | | | | +\$ | | | |
| 33e. | Total average monthly payment. Add li | nes 33a through 33d | \$ | 1,807.37 | Copy total here=> | \$1,807.37_ | | |
| | | secured by your primary residence, a vehic upport or the support of your dependents? | le, | | | | | |
| | Yes. State any amount that you mus | st pay to a creditor, in addition to the payments ssion of your property (called the <i>cure amount</i>). information below. | | | | | | |
| Name | e of the creditor | Identify property that secures the debt | | Total cure amount | | Monthly cure amount | | |
| -NO | NE- | | , | \$ - | ÷ 60 = \$ | | | |
| | | | | | 7 | | | |
| | | Tota | ıl \$ | 0.00 | Copy total here=> | \$ | | |
| | o you owe any priority claims such a re past due as of the filing date of you | s a priority tax, child support, or alimony - t ur bankruptcy case? 11 U.S.C. § 507. | nat | | | | | |
| | No. Go to line 36. | | | | | | | |
| | | these priority claims. Do not include current or s those you listed in line 19. | | | | | | |
| | Total amount of all past-due p | riority claims | \$_ | 0.00 | ÷ 60 = | \$0.00 | | |

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| Debtor 1 | Davi | d N. Gomolson | | | Cas | se nu | ımber (if known) |
|--------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------|--------------|-------|-------------------------------------------------|
| F | or more | eligible to file a case under Chapter 13? 11 U.S.C. § information, go online using the link for <i>Bankruptcy Bas</i> ns for this form. <i>Bankruptcy Basics</i> may also be availab | sics spe | | | | |
| | No. | Go to line 37. | | | | | |
| | | Fill in the following information. | | | | | |
| | | Projected monthly plan payment if you were filing under | er Chapt | er 13 | | \$_ | |
| | | Current multiplier for your district as stated on the list is Administrative Office of the United States Courts (for d and North Carolina) or by the Executive Office for Unite (for all other districts). | istricts i | n Alab | stees | × | |
| | | To find a list of district multipliers that includes your dis the link specified in the separate instructions for this fo be available at the bankruptcy clerk's office. | | | | | Copy total |
| | | Average monthly administrative expense if you were fil | ing und | er Ch | apter 13 | | \$ here=> \$ |
| | | of the deductions for debt payment. s 33e through 36. | | | | | \$1,807.37_ |
| Total | Deduc | tions from Income | | | | | |
| | | f the allowed deductions. | | | | | |
| | | e 24, All of the expenses allowed under IRS e allowances | \$ | | 6,625.60 |) | |
| | • | e 32, All of the additional expense deductions | \$ | | 468.90 |) | |
| | | e 37, All of the deductions for debt payment | +\$ | | 1,807.37 | 7 | 1 |
| | | Total deductions | \$_ | | 8,901.87 | 7 | Copy total here=> \$8,901.87 |
| Part 3: | Det | ermine Whether There is a Presumption of Abuse | | | | | |
| 39. C | alculate | e monthly disposable income for 60 months | | | | | |
| ; | 39a. Co | py line 4, adjusted current monthly income | \$_ | | 8,723.67 | 7_ | |
| ; | 39b. Co | py line 38, Total deductions | -\$_ | | 8,901.87 | 7_ | |
| ; | | nthly disposable income. 11 U.S.C. § 707(b)(2). btract line 39b from line 39a | \$_ | | -178.20 |) | Copy here=>\$ -178.20 |
| I | For the | next 60 months (5 years) | | | | | x 60 |
| | | | | | | | |
| ; | 39d. To | tal. Multiply line 39c by 60 | | 39d. | \$ | -10 | 0,692.00 Copy \$10,692.00 |
| 40. F | ind out | whether there is a presumption of abuse. Check the | box tha | at appl | ies: | | |
| | The I | ine 39d is less than \$8,175*. On the top of page 1 of the | nis form | , chec | k box 1, The | ere | is no presumption of abuse. Go to Part 5. |
| | | ine 39d is more than \$13,650*. On the top of page 1 of | f this for | m, ch | eck box 2, 7 | The | ere is a presumption of abuse. You may fill out |
| |] The I | ine 39d is at least \$8,175*, but not more than \$13,65 | 0*. Go t | o line | 41. | | |
| | | to adjustment on 4/01/22, and every 3 years after that for | | | | he (| date of adjustment. |
| | - | - · · · · · · · · · · · · · · · · · · · | | | | | • |

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| Debtor 1 | Davi | id N. Gomolson | Case number (if known) |
|----------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| | | | |
| 41. | 41a. | Fill in the amount of your total nonpriority unsecured debt. If you filled on A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form. | |
| | 41b. | 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(| |
| | | Multiply line 41a by 0.25 | |
| 25 | % of y | ne whether the income you have left over after subtracting all allowed de your unsecured, nonpriority debt. le box that applies: | ductions is enough to pay |
| | | 39d is less than line 41b. On the top of page 1 of this form, check box 1, <i>The</i> part 5. | ere is no presumption of abuse. |
| | | 39d is equal to or more than line 41b. On the top of page 1 of this form, che <i>umption of abuse.</i> You may fill out Part 4 if you claim special circumstances. The | |
| Part 4: | Giv | ve Details About Special Circumstances | |
| | | | |
| | | we any special circumstances that justify additional expenses or adjustmentative? 11 U.S.C. § $707(b)(2)(B)$. | ents of current monthly income for which there is n |
| | lo. Go | o to Part 5. | |
| □ Y | | I in the following information. All figures should reflect your average monthly exm. You may include expenses you listed in line 25. | xpense or income adjustment for each |
| | ne | by must give a detailed explanation of the special circumstances that make the acessary and reasonable. You must also give your case trustee documentation lijustments. | |
| | G | | Average monthly expense or income adjustment |
| | | | \$ |
| | | | ************************************** |
| | | | <u></u> \$ |
| | _ | | \$ |
| | _ | | · |
| Part 5: | _ | n Below | |
| | - | gning here, I declare under penalty of perjury that the information on this state | ment and in any attachments is true and correct. |
| | | / David N. Gomolson avid N. Gomolson | |
| | | gnature of Debtor 1 | |
| Da | | ctober 24, 2019 M / DD / YYYY | |
| | IVII | אווון טט אווון אווון אווי | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | | Liquidation | |
|------------|----|--------------------|--|
| \$24 | 5 | filing fee | |
| \$7 | 5 | administrative fee | |
| + \$1 | 5_ | trustee surcharge | |
| \$33 | 5 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-30234-ABA Doc 1 Filed 10/25/19 Entered 10/25/19 16:52:36 Desc Main Document Page 56 of 58

B2030 (Form 2030) (12/15)

United States Bankruptcy Court District of New Jersey

| In re | David N. Gomolson | · | Case N | lo. | |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------|------------------------|--------------------|
| | | Debtor(s) | Chapte | er 7 | |
| | DISCLOSURE OF COMPE | ENSATION OF ATTO | RNEY FOR | DEBTOR(S) | |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 compensation paid to me within one year before the filiple rendered on behalf of the debtor(s) in contemplation | ng of the petition in bankruptcy | , or agreed to be p | aid to me, for service | |
| | For legal services, I have agreed to accept | | \$ | 3,000.00 | |
| | Prior to the filing of this statement I have received | | \$ | 3,000.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclosed com | pensation with any other person | unless they are m | embers and associate | es of my law firm. |
| | ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na | | | | my law firm. A |
| 5. | In return for the above-disclosed fee, I have agreed to r | render legal service for all aspec | ts of the bankrupt | cy case, including: | |
| | a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, sta c. Representation of the debtor at the meeting of credit d. [Other provisions as needed] | tement of affairs and plan which | h may be required | ; | oankruptcy; |
| | Negotiations with secured creditors to reaffirmation agreements and applications 22(f)(2)(A) for avoidance of liens on ho | ons as needed; preparation | | | |
| 5. | By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any diany other adversary proceeding. | ee does not include the followin ischargeability actions, jud | g service: icial lien avoida | nces, relief from | stay actions or |
| | | CERTIFICATION | | | |
| | I certify that the foregoing is a complete statement of an ankruptcy proceeding. | ny agreement or arrangement fo | r payment to me f | or representation of t | the debtor(s) in |
| , | | | | | |
| | ctober 24, 2019 | /s/ Andrew B. Fi | nberg | | |
| _ | october 24, 2019 Pate | Andrew B. Finbe | erg | | |
| _ | • | Andrew B. Finbe Signature of Attorn Law Offices of A | erg ey Indrew B. Finbe | rg, LLC | |
| _ | • | Andrew B. Finber Signature of Attorn Law Offices of A 525 Route 73 So | erg ey .ndrew B. Finbe uth, Suite 200 | rg, LLC | |
| _ | • | Andrew B. Finbe Signature of Attorn Law Offices of A | erg ey ndrew B. Finbe uth, Suite 200 53 ax: 856-988-967 | | |

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United States Bankruptcy CourtDistrict of New Jersey

| | | District of New Jersey | | |
|--------|------------------------------------|-----------------------------------------------------|------------------|-----------------------|
| In re | David N. Gomolson | | Case No. | |
| | | Debtor(s) | Chapter | 7 |
| | | | | |
| | VERI | IFICATION OF CREDITOR M | IATRIX | |
| The ab | ove-named Debtor hereby verifies t | that the attached list of creditors is true and cor | rect to the best | of his/her knowledge. |
| Date: | October 24, 2019 | /s/ David N. Gomolson | | |
| | | David N. Gomoleon | | |

Signature of Debtor

Bank of America PO Box 982238 El Paso, TX 79998

IC Systems Collections P.O. Box 64378 Saint Paul, MN 55164-0378

Jennifer A. Gomolson 4 Bridge Road Lumberton, NJ 08048

Specialized Loan Servicing, LLC P.O. Box 266005 Littleton, CO 80163

SYNCB/Lowes PO BOX 965005 Orlando, FL 32896

Wells Fargo Card Service PO Box 14517 Des Moines, IA 50306

Wells Fargo Dealer Services P.O. Box 10709 Raleigh, NC 27605